

## Foster Family Home - Corrective Action Report

Provider ID: 1-562779

Home Name: Maritess Ramirez, CNA

Review ID: 1-562779-5

128 Kaniahe Place

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 8/6/2019

Foster Family Home

Required Certificate

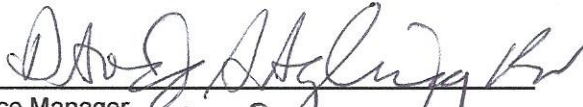
[11-800-6]

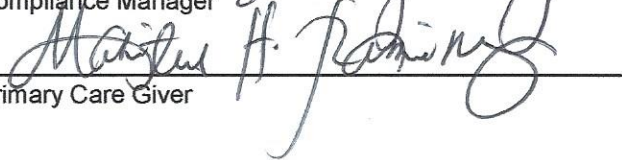
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 8/6/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date